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SERVICES FOR THE AGED

IN CANADA

Research and Statistics Division

June, 1957



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S E R V I C E S F O R T H E A G E D I N C A N A D A

FOREWORD

This memorandum was prepared to meet the mounting number of requests for information coming into the Department about services for the aged in Canada, and their organization and sponsorship.

Its purpose is to give a general view of the situation across the country. Because of the variety of plans and programs in local communities, it has not been possible to cover all local developments but every effort has been made to illustrate the many different types of services.

The material has been drawn chiefly from legislative documents, reports and studies of public departments and voluntary agencies, and from correspondence.

The review was prepared in the Research and Statistics Division by Mr. Donald H. Gardner under the direction of Mrs. Flora Hurst, Supervisor of the Welfare Section.

June, 1957.

Joseph W. Willard, Director,
Research and Statistics Division.

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FOREWORD

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Community Developments and Interpretation
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6. HEALTH AND MEDICAL CARE

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Care of the Chronically Ill
Nursing and Medical Care in the Home
Rehabilitation Services

7. RESEARCH

Social Studies
Health Studies

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SERVICES FOR THE AGED IN CANADA

1. INTRODUCTION

In Canada, as in other western countries, the increase in the number and proportion of older persons^{1/} creates new and complex problems.

The aging of the population has resulted chiefly from the prolongation of life made possible by medical science and public health measures, accentuated by the immigration of young adults into Canada during the early years of this century. At the same time the development of the economy has brought about an increasingly industrial and urban society, which has penalized the elderly, limiting their opportunities for productive activity, their share in the general prosperity and their participation in community living. Increased mobility and the problems of urban housing have served to separate parents and children and have frequently deprived the older person of a secure place in family life. At the same time the development of modernly conceived institutional and other facilities for the older person, who cannot look after himself or who is in need of nursing care, has tended to lag.

In Canada, as elsewhere, the well-being of the elderly emerged as a major factor in the welfare field in the post-war years, and services for them have received more and more consideration in the organization of welfare and health programs. A basic development was the extension of income security through the old age security and old age assistance programs. Substantial medical and hospital care are available to the aged in a number of provinces. Appreciation of the importance of adequate living accommodation has been recognized in some provinces through substantial provincial grants to encourage the provision of both housing and institutional facilities and to some extent through long-term federal loans to assist in housing projects for older people able to care for themselves. Increasing efforts are being made to provide employment opportunities. Greater understanding of the needs of the elderly

^{1/} In 1951, people 70 years and over numbered some 653 thousand, or more than double the number in 1921, to comprise almost five per cent of the population as compared to two per cent in 1921. Persons 60 years and over numbered about one and a half million in 1951 and represented about 11 per cent of the population, a rise of four per cent since 1921. See also note on Population Forecasts, p. 3 following.

within the community is reflected, also, in the growing number of older peoples' clubs and centres and in the beginnings of home help services. The need for more and different types of institutions and the importance of rehabilitative services within them, as well as higher standards of care, are receiving more general recognition. Surveys of the needs of older people and of community resources to meet them have been made by welfare councils in a number of centres and scientific studies of the aging process are going forward in clinical, hospital, and university settings.

Public authorities, health and welfare agencies, churches, ethnic associations, service clubs, and many other groups have introduced or contributed to these and other programs and projects. Welfare councils have organized committees on the problems of older people to develop public understanding of their situation and to encourage collaboration among the voluntary and public agencies working for their welfare.

The major programs affecting older people and the examples of local services outlined in this memorandum are indicative of the growing public concern with a problem which touches everyone at some time and in some form. Perhaps one of the next tasks of co-ordinating groups is to clarify further the objectives of community planning for the aged: to consider, for example, the most effective ways in which those who are able and willing can be helped to live independently in the community and continue to contribute to its productive efforts; the kinds of services that will best aid the individual and his family to accommodate themselves to his gradually failing powers; and the most constructive methods of care for elderly people who can no longer look after themselves.

NOTE ON POPULATION FORECASTS. Future population trends cannot be forecast with any surety because of the assumptions which must be made about mortality rates, fertility rates, and the much greater variable, net immigration, which in turn depends upon assumptions about future social and economic factors. Taking these into consideration, the Royal Commission on Canada's Economic Prospects offers three sets of forecasts of population, depending on whether the net annual immigration will be 50,000, 75,000 or 100,000. On the basis of 75,000 annually, the Commission estimates that by 1980 persons 70 years of age and over will number 1.5 million and those 60 years and over 3.4 million.

During the 30-year period from 1921 to 1951 the proportion of persons 70 years of age and over in the population increased by 1.9 per cent while the anticipated increase in the forecast period is 1.1 per cent; comparable data for those 60 years of age and over show a rise of 3.9 per cent in proportion to population from 1921 to 1951 and of 1.4 per cent from 1951 to 1980. The aging of the population is thus expected to continue, but at a somewhat lower rate of increase.

Year	Total Population	Age 60 and over		Age 70 and over	
		Number	p.c. of Total	Number	p.c. of Total
	('000)	('000)		('000)	
1921	8,788	660	7.5	248	2.8
1951	14,009	1,592	11.4	653	4.7
1980 ^{a/}	26,650	3,400	12.8	1,540	5.8

^{a/} Annual net immigration of 75,000.

2. INCOME SECURITY

Canada's present old age security system consists primarily of a national program of universal pensions for persons 70 years of age and over and a federal-provincial public assistance scheme for needy older people from the age of 65 years, eligibility under both schemes depending on a specified period of residence in Canada. These programs were inaugurated in 1952 when the federal Old Age Security and Old Age Assistance Acts came into force, replacing the former federal-provincial Old Age Pension program for needy persons 70 years of age and over.

Economic protection in old age is furthered, also, through supplementary aid, payable to beneficiaries of these programs in some provinces, through various other public assistance programs, by the sale of Canadian Government Annuities and, increasingly, by industrial pension plans.

Older workers who are in covered employment may benefit from social security measures such as federal Unemployment Insurance and provincial Workmen's Compensation programs.

OLD AGE SECURITY AND OLD AGE ASSISTANCE

The federal Old Age Security program is comparable in its objectives to the old age insurance measures established in other countries but differs from these in the combination of its three principal features, the simplicity of its conditions of eligibility, the flat rate benefit, and the method by which the program is financed.

Subject only to an age and a residence test, it provides a flat rate benefit of \$46 per month, effective July 1, 1957, an increase of \$6 over the previous rate.^{1/}

^{1/} This increase was made effective by Parliament as of July 1, 1957, as were the increases in the maximum payments shareable by the Federal Government under the Old Age Assistance, the Disabled Persons and Blind Persons Act, bringing the maximum to \$46 in each case.

Benefits are payable at the age of 70 years provided the applicant has resided in Canada for at least 20 years immediately prior to approval of his application.^{1/} The program is financed on a pay-as-you-go basis through special ear-marked taxes; a two per cent tax on personal taxable income, subject to a maximum of \$60 per year, a two per cent tax on corporate taxable income and the proceeds of a two per cent sales tax.^{2/} This method of financing provides full benefits to all in the eligible group from the time of inauguration and avoids the long transitional period required for an insurance program to mature.

The program is administered by the Department of National Health and Welfare through the regional offices of Family Allowances and Old Age Security. On March 31, 1957 there were 797,486 persons receiving Old Age Security. During the fiscal year, 1956-57 payments for Old Age Security amounted to some 379 million dollars and the estimated figure for 1957-58 was 438 million.

The Old Age Assistance Act provides for federal assistance to the provinces for aid to needy old persons 65 years of age and over, subject to a means test and to a residence requirement of at least 20 years.^{3/} The federal contribution cannot exceed one half of \$46 per month or of the assistance paid, whichever is the lesser. With the increase of the maximum payment of \$46, the permissible income was increased to \$840 per year for a single persons, \$1380 for a married couple, and \$1740 for a married couple where the spouse is blind.

^{1/} If the applicant has not resided in Canada for the 20 years, he may nevertheless be eligible if his period of presence prior to the 20-year period is double the periods of absence during it. In such cases one year's residence prior to the commencement of the pension is also required.

^{2/} The proceeds of these taxes are placed in the Old Age Security Fund. To meet additional amounts required in any fiscal year temporary loans may be made to the Fund. It has been the practice, however, to write off such loans through grants from Consolidated Revenue.

^{3/} If the applicant has not resided in Canada for 20 continuous years prior to the commencement of payments he may, as under the Old Age Security Act, be eligible if his period of presence prior to the 20-year period is double his period of absence during it. The one year waiting period necessary in such cases under the Old Age Security Act is not required under the Old Age Assistance Act.

Administrative responsibility under the Old Age Assistance Act is vested in the provinces. Implementation of the program in any province is contingent upon the province passing enabling legislation and signing an agreement with the federal Government. Within the limits of the federal Act, each province is free to fix the maximum amount of assistance payable, the maximum income allowed and other conditions of eligibility.

On March 31, 1957, there were 89,907 persons receiving Old Age Assistance. During the fiscal year, 1956-57 payments by provincial governments for Old Age Assistance amounted to some 20 million dollars, with the federal Government contributing an equal amount. The comparable figure for 1957-58 was estimated at some 23 million dollars, a total of 46 million. Supplementary allowances paid by some provinces (and described below) may have cost these provinces about 10 million dollars.

SUPPLEMENTARY ALLOWANCES ^{1/}

The governments of several provinces and also the Territorial Government of the Yukon have established programs to provide supplementary assistance to those recipients of Old Age Security or Old Age Assistance who meet specified conditions of residence and need. In British Columbia, Alberta, and Ontario, supplementary allowances are payable to beneficiaries under both programs, while in Saskatchewan they are paid only to eligible Old Age Security pensioners and in the Yukon only to persons receiving Old Age Assistance.^{2/} With the exception of Ontario, supplements are administered and paid entirely by the provincial governments, the maximum monthly amounts payable being \$20 per person in British Columbia, \$15 in Alberta, and \$10 in the Yukon. In Saskatchewan, a flat rate supplement of \$2.50 per month is paid to needy recipients, although if further need is shown an additional supplement of up to \$7.50 per person, depending on income and marital status, may under certain circumstances be paid. In Ontario, the provincial government contributes 60 per cent of the costs of any supplementary aid which may be granted by a municipality; the maximum supplement in which the Province will share is \$20 per month.

In some of the other provinces, where specific provision has not been made for supplementary allowances, recipients of Old Age Security or Old Age Assistance who are in special need may receive supplementation through local relief. This form of aid is also available in the Yukon to Old Age Security recipients.

^{1/} As in effect, June 1957.

^{2/} In British Columbia this allowance is termed a 'cost of living bonus'.

OTHER ASSISTANCE PROGRAMS

Blind and Disabled Persons Allowances

Older persons who are blind or permanently and totally disabled but who are unable to meet the conditions required for Old Age Assistance or Old Age Security may, depending on their condition, be eligible for allowances under the federal Blind Persons Act or Disabled Persons Act. Under these statutes the federal Government shares with the provinces the cost of allowances paid, upon a means test basis, to needy blind or permanently and totally disabled persons who are 18 years of age or over and who have resided in Canada for at least 10 years. Under the Disabled Persons Act, the federal contribution for each recipient equals one-half of the allowance or of \$46 per month whichever is the lesser;^{1/} under the Blind Persons Act, the federal share is 75 per cent.

War Veterans Allowances

Under the federal War Veterans' Allowances Act, allowances may be paid on a means test basis to veterans who are either 60 years of age or are unable to maintain themselves because of physical or mental incapacity, provided they meet certain conditions regarding war service or are in receipt of the veterans' disability pension. Allowances may also be paid at age 55 or earlier to the widow of a veteran, if her physical condition warrants it, and if the veteran himself would have been eligible. The maximum monthly allowance is \$60 for a single recipient and \$120 for a married recipient.^{2/} Supplementary assistance may also be granted within the income limits set by the Act, either as regular payments to meet recurring needs or as single grants to meet emergencies.

Widows' Pensions

Under the provincial Widows' Pensions Act in Alberta assistance of up to \$46 per month^{3/} may be granted to widows 60-64 years of age who meet specified conditions of need and residence. Wives whose husbands have been committed to hospital under the Mental Diseases Act and wives who have been deserted without reasonable cause for a specified period may be eligible for widows' pensions if they are within the eligible age group.

^{1/} See fn. 1 p. 5.

^{2/} Effective July 1, 1957.

^{3/} Raised from \$40.00 as of July 1, 1957.

General Assistance

General assistance or relief is provided to needy persons in all provinces. The responsibilities of a province and its municipalities for this aid are generally set out in a main social assistance or relief act and in sections of certain other acts. The granting of relief in any given case rests on provincial or municipal decision, depending on the division of responsibility. The principal factors involved in the determination of eligibility are means and residence, with employability a factor in some provinces. While need is a primary condition of aid, a means test is not set out in the legislation but is generally left to the local administrative authorities, except in Newfoundland where the program is provincial. Most provinces contribute substantially to the cost of assistance and generally set a scale of payments up to which they will share according to formula. Some provinces also assume responsibility for persons who have provincial residence but have not remained in one municipality long enough to qualify for local aid. Transients are generally a provincial responsibility but those having residence in another province are subject to repatriation.

Unemployment Assistance

The Unemployment Assistance Act, 1956, provides for federal grants in aid to assist the provinces in meeting unemployment assistance payments, subject to agreements with each province entering in the scheme. Needy unemployed older people may benefit, as others in the population, from provincial or local aid as a result of these grants.^{1/} The federal Government reimburses the provinces in the amount of one-half of the cost of assistance for needy unemployed receiving aid in each province in excess of 0.45 per cent of the provincial population, with some adjustment for special situations. The federal Act makes no distinction between employable and unemployable persons. Payments are made by provincial and municipal authorities and the scale and conditions of payment are determined by them as part of their general assistance program. The six provinces now participating in the scheme are: British Columbia, Saskatchewan, Manitoba, New Brunswick, Prince Edward Island and Newfoundland.

^{1/} While those receiving various types of standard social security payments such as Old Age Security, Old Age Assistance and Unemployment Insurance are excluded, the federal Government shares with the provinces any additional relief payments other than cost of living payments or, across the board pension supplements made to such persons who are unemployed and in need.

GOVERNMENT ANNUITIES

Through the Government Annuities Act, which authorizes the sale of Canadian Government Annuities to persons resident or domiciled in Canada, the federal Government encourages individuals to make voluntary provision for their old age. The Act, initially passed in 1908, represents the first step taken by the Government towards meeting income needs of older people. An annuity, which may be purchased either for cash or by premium payments, provides a yearly income up to \$1200 payable upon maturity for the life of the annuitant or for the lives of two joint annuitants with continuation to the survivor. At the option of the purchaser, an annuity may be guaranteed which ensures that payments will continue for a total period of 5, 10, 15 or 20 years should the annuitant die after payments have commenced, but before the expiration of the selected period. The Act is administered by the Annuities Branch of the Department of Labour.

During the last fifteen years an increasing number of employers have made use of the provisions of the Act to establish pension plans which are underwritten by the Annuities Branch. These now account for about 60 per cent of the deferred contracts and certificates.

During the fiscal year 1955-56 premium payments for the purchase of government annuities totalled \$70.6 million. In the same period payments to annuitants totalled \$34.1 million and other payments, including those to survivors and estates, totalled \$4.8 million. At March 31, 1956 the reserves in the annuities fund account amounted to \$930.2 million.

EMPLOYEE PENSION PLANS

The development of public programs has been paralleled by a significant growth in pension planning for employees. In 1951, the Department of Labour's annual survey of working conditions in Canadian industry showed that 37 per cent of the establishments covered had pension plans; these plants employed 63 per cent of the workers in the survey group. In 1954, pension plans were reported from 45 per cent of the surveyed establishments, which employed 70 per cent (about a million and a quarter) of the workers in the survey group, a group constituting about one-half of the total wage and salary earners in the labour force. Not all these workers were covered since many of the plans had eligibility requirements based on age or length of service. This survey covered 12,300 establishments of 15 or more employees in the main branches of Canadian industry.^{1/}

^{1/} Industrial Pension Plans in Canada: Four Studies. Economics and Research Branch, Department of Labour, Ottawa, 1955. Also in Labour Gazette, April and September, 1954; January and July, 1955.

Employee pensions plans in Canada are generally financed through the regular contributions of both the employer and employee. There are, however, some large plans financed entirely by the employer, most of which have been negotiated with the union. The majority of plans and particularly the larger ones are of the 'unit benefit' type, in which the benefits and the employee contributions, if any, are fixed and the employer's contribution varies as necessary to meet the costs. Smaller plans tend to be of the 'money purchase' type, in which the rate of contribution is fixed for both employer and employee but where the amount of benefit is not stated and may vary.

Pension plans differ a good deal in eligibility requirements, in the level of benefits and in the type of pension payable. Provisions dealing with normal retirement age, early or postponed retirement, and the vesting of employer contributions upon an employee's termination of service also vary from plan to plan.

The federal Income Tax Act provides that, within limits, the contributions of employees and also of employers to approved pension plans may be deducted from income before the calculation of tax.

RETIREMENT SAVINGS PLAN

Income tax amendments of the Spring of 1957 will benefit those persons who wish to make voluntary provision for their old age. Beginning with the calendar year 1957, a taxpayer may deduct from his income for tax purposes his premiums for the purchase of an annuity contract of a precisely defined type. The deduction may not exceed 10 per cent of annual earnings or \$2,500 a year whichever is the lesser; if, however, the taxpayer is a member of an approved pension plan the total of his contributions toward the pension plan and his premiums toward the annuity contract may not exceed \$1,500 annually or 10 per cent of his earned income whichever is the lesser.

3. EMPLOYMENT

Employment Services

The facilities of the National Employment Service throughout Canada are available to older people seeking work. In the employment offices in large centres, elderly workers who cannot be placed through normal procedures are referred to the full time Special Placements' staff responsible for occupational counselling and placement service to handicapped and other applicants requiring personal representation to the employer. This type of service is also available in other local offices of the Service, depending on the pressures of the regular work load. For several years the local office in Toronto has also been conducting a special counselling program for older applicants for employment. The placement officers of the Employment Service work closely with counsellors of the Department of Veterans Affairs and with the Canadian Corps of Commissionaires^{1/} in their efforts to find employment for older veterans.

Promotion of Employment Opportunities

The federal Government and a number of voluntary associations are endeavouring to promote employment opportunities for the older worker.

In 1953, the National Advisory Council of Manpower established an Interdepartmental Committee on Older Workers consisting of representatives of the Department of Labour, of the Unemployment Insurance Commission, and of the Departments of National Health and Welfare and Veterans Affairs. The purpose of the committee is to give continuing consideration to the employment problems of older workers with the object of developing a program of education and action to bring about a wider appreciation of their abilities and to extend their opportunities for suitable jobs. The Committee has been able to elicit the interest and concern of leading business organizations. At its recommendation, the Canadian Manufacturers' Association made a survey of the policy of member firms towards the employment of older workers. The Committee also recommended

^{1/} The Canadian Corps of Commissionaires is an organization which employs older veterans and under contract makes their services available to business and other establishments for work as special police, guards, porters, chauffeurs and time-keepers.

that field studies be made on a number of industries, including the retail trade. The effect of industrial pension plans on the employment of older workers has been the subject of another study by a sub-committee appointed for the purpose.

The Department of Labour has sought to bring to employers a recognition of the value of older workers and to break down prejudices against their employment by means of press releases, radio talks and articles. A departmental memorandum, 'The Problem of the Older Worker' and a film entitled 'Date of Birth', the latter produced for the Department by the National Film Board, have had wide distribution.

The Department of Veterans Affairs endeavours to keep before the employers of Canada the advantages of employing veterans and has surveyed a number of plants for the purpose of assessing openings available to them.

Welfare agencies and service clubs have similarly directed their attention to the employment needs of the elderly. The Welfare Councils of several cities have established committees to deal specifically with these needs. Several women's organizations including the National Council of Women and the Canadian Federation of Business and Professional Women have undertaken studies of the employment of elderly women. In 1954, a Conference on the Earning Opportunities for Older People was sponsored jointly by the Extension Department of the University of Toronto and the Welfare Council of Greater Toronto. In 1956, the Council for the Guidance of the Handicapped in Montreal did a study of older women workers in that city. In the same year a panel discussion entitled, 'Women Go to Work at Any Age' was held in Toronto under the auspices of five women's service clubs and the proceedings were issued by the Women's Bureau of the Department of Labour, Ottawa.

Vocational guidance and placement services are offered by a few voluntary groups, such as the Jewish Vocational Service in Toronto and Montreal which also operate sheltered workshops. The Family Service Bureau of Hamilton sponsors a Seniors' Odd Labour Exchange for part-time employment of people 60 years of age and over. The Women's Patriotic League of Toronto operates a sheltered workshop for elderly women who cannot undertake employment in industry; this Red Feather Service operates five days a week and offers remunerative employment, nourishing meals and companionship to about 60 persons. There are also a number of workshops which train and employ handicapped workers irrespective of age and in which some older people may be employed.

4. LIVING ACCOMMODATION

HOUSING FOR THE ELDERLY

Low-rental housing accommodation for the elderly has been built in Canada largely by voluntary groups assisted by provincial capital grants in some provinces and by federal loans advanced under the National Housing Act. The combined effect of growing community interest, voluntary action and public aid has resulted in housing projects in many of the larger cities and in a number of smaller centres as well.

Federal Aid

Central Mortgage and Housing Corporation, the Crown Company responsible for administering the National Housing Act, is able to advance long-term low-interest loans to voluntary groups who are building self-contained housing accommodation for older people or who are purchasing and converting existing properties to provide such accommodation.

These loans, which are made under Section 16 of the Act, may equal 90 per cent of the lending value of the proposed project. They bear interest at the rate of four and one-quarter per cent per year and are repayable over a term of up to 50 years. Should a sponsoring group receive a capital grant from a governmental authority or private person, the federal loan may be less than 90 per cent in order to ensure some investment by persons in the community where the project is to be built.

To qualify for a loan a group must form a limited-dividend company.^{1/} Any group of public-spirited citizens including service clubs, charitable foundations, church groups or business leaders wishing to provide low-rent accommodation for the elderly may form such a company. A loan may not be made to a municipal authority. Municipal governments, however, may participate in and subscribe to a limited-dividend company, but their representatives must not constitute a majority on the governing body.

^{1/} For the purpose of the Act, this means a company incorporated to construct, hold and manage a low-rental housing project with dividends limited by the terms of its charter or instrument of incorporation to five per cent or less of the paid up share capital.

In requesting a loan, a company must provide specific evidence of the need for the proposed housing project. Plans for the project must be approved by the Corporation which must also be satisfied that the company will be capable of administering the construction and operation of the project and that it has a definite plan for the disposal of the project after the loan has been repaid.

The limited-dividend company must agree to a maximum ratio, and one that is fair and reasonable, between the rents to be charged and the incomes of the admissible occupants. Rents may not be changed without the permission of the Corporation. The company may establish a rent reduction fund and any contributions, gifts or bequests to this fund from public or private sources must be used solely for the purpose of reducing rentals.

It is the policy of the Corporation not to assist projects unless the majority of dwellings are intended for couples. A project must also consist preponderantly of self-contained dwellings be they detached or semi-detached or in the form of row cottages, duplexes, or small garden apartments. Also, those for whom the accommodation is intended must be physically able to manage in the type of dwelling provided. Under certain circumstances it may be possible to assist in the construction of hostel accommodation with bedrooms and common sitting and dining rooms, but such accommodation may be only an adjunct to a larger project of self-contained dwellings. The portion of the loan applicable to hostel units must be guaranteed by the provincial government. A project may be located on more than one site providing that it can be economically managed.

In addition to accommodation built by limited-dividend companies, housing for the aged may be built as part of public housing projects undertaken in accordance with Section 36 of the National Housing Act. Although these low-rental projects, which are financed jointly by federal, provincial and municipal authorities, are intended for families, some dwelling units for the elderly may be included in them.

Provincial and Municipal Aid

A number of provinces have passed legislation providing for financial assistance in the form of capital grants to organizations building approved housing accommodation for the elderly. In British Columbia, a provincial grant equal to one-third the cost of construction may be made under the Elderly Citizens Housing Aid Act to non-profit organizations which

themselves are able to meet at least ten per cent of the cost. In Saskatchewan, the provincial Housing Act provides for grants of 20 per cent of the cost of construction to municipalities, church groups or charitable organizations undertaking approved projects. The Government of Saskatchewan also makes annual maintenance grants of \$40 per living unit to such projects.

Under the Elderly Persons Housing Act of Manitoba a grant may be made toward the cost of constructing housing units for single older persons who are 65 years or over or married persons of that age group and their spouses. The incomes of those accommodated must not exceed the amounts permitted by the Old Age Assistance Act. Grants are made to municipalities, approved non-profit or charitable organizations, and to approved limited-dividend housing companies. They are limited to \$1000 for a dwelling unit for a couple and to \$700 for a unit for a single person or, in either case, 20 per cent of capital cost, whichever is the lesser.

In Ontario, the provincial government may make grants under the Elderly Persons Housing Aid Act, to limited-dividend housing companies which are proceeding with projects under the National Housing Act; these projects must be sponsored by or on behalf of, or be approved by a municipality. Each grant is limited to one-half the initial investment of 10 per cent required under the National Housing Act or to \$500 per unit, whichever is the lesser.

In several provinces general housing legislation may be used to assist in building accommodation for older persons. Such legislation may provide for provincial or municipal loans to limited-dividend companies, or for waiver of incorporation fees. It may permit or require municipalities to make special tax exemptions. In the majority of provinces municipalities assist projects in a number of ways - through land grants, tax exemptions, or the establishment of rent reduction funds.

Housing Projects

Most low-rental housing for the elderly has been built under Section 16 of the National Housing Act and chiefly in central and western Canada. During the period 1946 to 1956, Central Mortgage and Housing Corporation advanced loans amounting to almost \$5.8 million to limited-dividend companies towards the cost of 1416 living units for elderly people.

Local branches of service clubs have been particularly active in initiating or participating in projects, among them the Kiwanis in Vancouver, Victoria and Vernon, British Columbia and in Red Deer, Alberta; the Lions Club in Vancouver; the Kinsmen in Stratford, and the Rotary in Renfrew, Ontario

and Dawson Creek, British Columbia. A program of housing for older veterans by the Canadian Legion has resulted in apartment projects in at least two cities, Winnipeg and Ottawa.

Groups of private citizens and municipal authorities have also been active: outstanding examples are the New Vista Society of Burnaby, British Columbia, which has provided apartment or cottage accommodation for some 250 persons; Senior Citizens Housing in Windsor, which consist of 96 row-cottages; Beach Hall Apartments in York Township, Ontario, which contains 64 suites for couples and 64 bachelor apartments. West Acres in Metropolitan Toronto, a project of 128 apartments, was opened in 1957. The Brant Court Apartments in Burlington, Ontario, built between 1946 and 1948, was the first project for older people to be constructed under the limited-dividend section of the National Housing Act. In Saskatchewan, also, widespread interest in housing for the elderly has developed and civic groups have initiated low rental projects in a number of communities, such as Saskatoon, Regina, Moose Jaw and Neilburg, Estevan, Swift Current, Shaunavon, Assiniboia, and others. Other privately or municipally sponsored limited-dividend projects are located in Owen Sound, Oshawa and Kingston, Ontario; Calgary, Alberta; and Cloverdale, Kamloops and Nanaimo in British Columbia, to mention only a few, and in Ville la Salle and St. Martin, Quebec.

Rentals in limited-dividend projects have, in the past, varied from \$15 to approximately \$48 per month depending upon the nature of the financing, particularly the extent of public or private grants, and upon the purpose of the project. Some are intended for the needy who are receiving old age assistance or the old age security pension. Others are intended for those with low incomes but with some private resources. Regulations regarding the minimum or maximum income of tenants and also age or residence qualifications differ from project to project.

In a few centres low rental housing has been provided without federal loans. The Lions Club have sponsored schemes in Calgary and Edmonton and other service clubs have participated in projects at Kimberley, British Columbia and Brantford, Ontario. St. Andrews United Church in Winnipeg and the Anglican Church at Pender, British Columbia, have also built housing units for the elderly.

HOMES FOR THE AGED

The institutional care of old people in Canada is provided by various types of establishments ranging from the early type of county home, which gives congregated care to the indigent and incapacitated generally, to nursing homes

and specialized institutions such as homes for the senile. This chapter is concerned with those welfare institutions known generally as homes for the aged.^{1/} These care primarily for well old people or for those who are ailing but do not require hospital care. Some are residences for the ambulatory who require little if any supervision or assistance; a greater number care for both those who are well and those who are ailing, while others are more in the nature of nursing homes.

A primary function of these institutions has been the care and support of the indigent aged. With the extension of programs of financial aid enabling greater numbers of well old people to remain within their communities, however, this function seems to be of diminishing importance, especially where there is a growing interest in the provision of low-rental self-contained housing for them. As a result of these developments, institutions are being increasingly regarded as a means of caring for older people who do not necessarily require support, but whose needs can be most appropriately met in an institutional setting.

Homes for the aged are operated predominantly by charitable, denominational, ethnic or other groups or by local government authorities, under provincial legislation. In Newfoundland, Prince Edward Island and British Columbia there are provincial homes for the aged or infirm. The Department of Social Welfare and Rehabilitation, Saskatchewan, operates four homes for bedfast or partially bedfast patients. The Department of Veterans' Affairs has several institutions for older handicapped veterans.

Provincial Capital Grants

In recent years there has been considerable growth in provincial assistance to public and voluntary groups sponsoring approved homes for the aged. In Ontario, Manitoba, Saskatchewan, and British Columbia, provincial grants in aid of construction may be made to both municipal and voluntary homes; in Alberta, to municipal homes; in Newfoundland, to voluntary homes; and in Quebec, to homes qualifying as charitable institutions under the Quebec Public Charities Act.

^{1/} The care of the chronically ill and senile is discussed in Chapter 6.

In Ontario, the Homes for the Aged Act provides for grants equal to 50 per cent of the cost of building or of adding to municipal or district homes. Also under the Charitable Institutions Act a provincial grant may be made equal to one-half the cost of constructing, adding to, or acquiring a building to be used as a voluntary charitable institution. The grant may not exceed an amount equal to \$2,500 per bed where new construction or an addition is undertaken, or \$750 per bed where an existing building is acquired.

The Elderly Persons Housing Act of Manitoba provides for grants to municipal, charitable or non-profit organizations equal to one-third of the cost of building a new home or of acquiring or converting an existing building. This assistance may not exceed \$850 per bed for new construction or \$400 per bed for acquisition and conversion. In Saskatchewan, grants equal to one-fifth the costs of construction are made under the Housing Act to municipal or voluntary organizations. Under the Elderly Citizens Housing Aid Act in British Columbia, such organizations may receive provincial aid equal to one-third the cost of construction or reconstruction.

In Alberta, provincial grants to municipal homes under the Home for the Aged and Infirm Act may equal one-third of the cost or \$750 a bed, whichever is the lesser. Municipalities in that province may also finance part of their share of the costs through loans from the Province under Municipal Capital Expenditures Loans Act.

The Government of Newfoundland extends financial assistance towards construction of denominational homes.

Charitable institutions in Quebec, which care for indigents in accordance with the Quebec Public Charities Act, are eligible for provincial payments to assist them to meet interest and sinking fund payments on provincially approved loans contracted for purposes related to the care of indigents.

Eligible Institutions. In some provinces the legislation or regulations specify the categories of persons eligible for care in assisted institutions. In Ontario, municipal or district homes operated under the Homes for the Aged Act are intended specifically for persons over the age of sixty who are unable to support or properly care for themselves or who are bedfast and do not require public hospital care. Persons who are mentally incompetent but are ineligible for committal to an institution under The

Mental Hospitals Act may also be admitted; and, on approval of the Minister, persons under the age of sixty who cannot be adequately cared for elsewhere. New homes assisted under the Act are expected to provide segregated care for these different groups. Assisted institutions in Manitoba may accommodate only those whose incomes do not exceed the amounts permitted under the federal-provincial Old Age Assistance program. In Saskatchewan, provincial grants may be made to organizations constructing homes for aged, needy, infirm or blind persons. In Alberta they may be made to municipal homes for the aged and infirm, including hospitals, other than approved hospitals under the Hospital Act, where aged, infirm or incurable persons are cared for, for compensation; and also, to an approved hospital, for a wing or floor wholly reserved for aged or infirm persons.^{1/} Provincial grants in British Columbia are made only for homes accommodating ambulatory persons whose medical needs can be cared for by a visiting medical practitioner and whose incomes do not exceed \$84 per month.^{2/}

Maintenance - Provincial Subsidies and Social Assistance

The maintenance of needy older people in institutions remains a municipal responsibility, except in Newfoundland, but most provincial governments share in the costs either through subsidies to meet costs of operation or through grants on behalf of indigent residents only. Also, the net costs of maintenance have been greatly affected by the payment of Old Age Security and Old Age Assistance, which enable older people in institutions to contribute substantially to their own support.^{3/} Mention might also be made of the indirect federal subsidy available under section 47 of the Excise Tax Act, whereby an approved public institution^{4/} may receive a refund of any sales tax paid on goods purchased for its own use.

^{1/} Homes and hospitals are defined in terms of the minimum number of beds or residents.

^{2/} Based on the following formula: 140 per cent of the Old Age Assistance Allowance of \$40 plus the provincial cost of living bonus of \$20.

^{3/} The six provinces who have entered agreements with the federal Government under the Unemployment Assistance Act, may include in their claim for federal payments the costs of maintaining unemployed not receiving other assistance in specified homes for special care.

^{4/} In order to be eligible, the institution must provide permanent or semi-permanent shelter and care for children and aged, infirm, or incapacitated persons and must be in receipt of an annual maintenance grant from the federal or provincial government.

The legislation in Ontario and Saskatchewan provides for annual subsidies to both municipal and voluntary homes to help them meet operating costs. Under the Ontario Homes for the Aged Act, the province meets one-half of the net costs incurred by local authorities in operating municipal or district homes; while under the Charitable Institutions Act it makes a grant of \$8.00 per month for each resident approved in voluntary homes. In Saskatchewan the government is empowered by the Housing Act to make an annual grant of \$40 per bed to licensed municipal or charitable homes for aged, needy or blind persons.

In other provinces, the provincial share of maintenance costs is generally based upon established per diem or monthly boarding rates and varies from province to province. In Newfoundland, for example, the province meets the difference between the established rate and the amount contributed, through pensions, allowances or otherwise, by the person maintained. In Alberta and British Columbia, the province pays, respectively, 60 per cent and 80 per cent of this amount. Under the Quebec Public Charities Act the costs are distributed among the province, the municipality of residence, and the institution concerned, with the province paying the largest share. In Manitoba, there is no specific formula for sharing costs of the maintenance of needy old people but they may be included in general municipal social assistance costs and thus be met in part by annual grants from the provincial government.

Licensing and Supervision

In all provinces, homes for the aged are subject in some degree to provincial supervision and inspection. The statutes authorizing supervision vary from province to province and frequently institutions are subject to the provisions of more than one act. Provincial approval, as noted above, is always required before grants are made.

In several provinces, Ministers of Welfare or of Health and Welfare have general statutory powers to investigate, inspect and report on all charitable institutions, public or private. Under public health legislation, also, provincial governments have powers of supervision and inspection in regard to health and sanitation which may relate to dwelling premises generally or more specifically to public and private institutions; in Manitoba and Quebec supervisory provisions for homes for the aged are contained in the public health regulations. There may be, also, separate statutes dealing specifically with homes for the aged, as in Alberta and Saskatchewan; with municipal homes for the aged and with voluntary charitable institutions for various groups, as in Ontario; and with public or private institutions, also for various groups, as in British Columbia and Nova Scotia.

In several provinces the legislation provides, also, for provincial licensing of certain types of homes and supervision of these homes may be conducted as part of the licensing system. This licensing extends, in British Columbia, to boarding homes and institutions caring for unemployable elderly persons receiving some form of public assistance; in Saskatchewan, to homes for needy, aged, blind or infirm persons; and in Manitoba to private institutions and boarding homes for the aged and infirm. In New Brunswick homes for the aged and infirm must meet the fire safety requirements of the Hotels Act and be licensed by the Provincial Treasurer in accordance with this Act. Legislation in Alberta provides that no one may operate a home for the aged and infirm unless it is licensed by the municipality in which it is located.

Some provincial departments give consultative and advisory services to groups building or operating institutions.

Variations in Institutional Accommodation

Several new approaches to the care of the elderly are to be found among institutional programs in Canada. In one or two communities residential care has been co-ordinated with hospital facilities. At Radville, Saskatchewan, the Marian Home for single persons and married couples was built as a wing of Radville Community Hospital and there is an exchange of facilities between the two institutions. Constructed and operated by a co-operative society the home is staffed and managed by the Sisters of St. Joseph who own and operate the hospital. In Toronto, a small geriatric hospital located in the Jewish Home for the Aged extends service to the residents of the home as part of its treatment and research program.

A contrasting arrangement is the addition of self-contained cottages to residential homes. "Dania", a home in Vancouver sponsored by the Danish people and Fair Haven, a United Church project at Burnaby, British Columbia, illustrate this approach. If cottage residents become unable to care for themselves completely, they are able to move to the hostel. Another arrangement is the development of a co-ordinated institutional and boarding home program. As noted below, the Ontario Homes for the Aged Act makes provision for a plan of this type.

The co-operative residence is a type of living arrangement for the elderly which is particularly suitable for those of limited means who are able to look after themselves. Several projects of this kind are in Toronto: St. Elizabeth's House, and the Lavalle Smith Home, which are Anglican projects, the Julia Greenshield's Home operated by a non-denominational

Protestant Board which also operates Hill House and Gordon House. The residents are elderly ladies who share the costs of rent and food and the necessary tasks of planning, house-keeping and cooking.

BOARDING HOME CARE

Active programs to provide for the supervised care of well old people in small proprietary boarding homes have been established in at least three provinces. In Newfoundland and British Columbia elderly persons on public assistance may be placed by provincial or municipal welfare authorities in boarding homes licensed by the province in accordance with provincial standards of accommodation and care.^{1/} Those eligible for admission to a municipal or district home in Ontario may, under the Homes for the Aged Act, be placed instead in an approved boarding home, with the approval of the superintendent of the institution concerned. The person so placed remains for all other purposes a resident of the institution. In the case of a city not having a home, or participating in a joint home, the city council may appoint one or more persons to administer boarding home care.

The costs of maintaining needy clients in boarding homes are met in Newfoundland by the provincial government; and in British Columbia they are shared by the province and the municipalities on an 80-20 basis. Payments are made to the homes on the basis of established rates. In Ontario, boarding home care under the Homes for the Aged Act is financed by the municipality and the province, the latter contributing an amount up to 50 per cent of the cost for each person so placed.^{2/}

^{1/} Provisions for the licensing of homes for the Aged in Saskatchewan, Manitoba and Alberta are applicable to small proprietary establishments.

^{2/} Computed as prescribed in The Regulations.

5. WELFARE AND RELATED SERVICES

Community Developments and Interpretation

During the past several years substantial efforts have been made in many communities to promote co-ordination of services on behalf of the elderly and to develop more adequate patterns of local service to meet individual needs beyond the scope of the broad social security measures.

In most sizeable communities local welfare councils have given major impetus to this process. Through committees or divisions on aging, representatives of the diverse agencies concerned have appraised local resources for older people, have striven to foster public understanding of their needs and, in some centres, have set out standards of service, provided consultative and technical aid to agencies and sponsored conferences and workshops. This type of activity was begun in Toronto and Montreal in the early 1940's but in most communities was initiated during the past four or five years. A central bureau for elderly people to provide information on local resources and undertake referral services and some counselling has been established in one city and proposed for several others.

On the national level the Canadian Welfare Council has for some years promoted the interests of older people through the work of its Public Welfare Division, annual meetings and publications. The May, 1955, issue of "Canadian Welfare" was devoted entirely to articles on services for the aged. As a result of the recommendations of an ad hoc committee of the Board, the Council has established a standing Committee on Aging, under the chairmanship of Senator Muriel Fergusson, which is to act as a clearing house of information and develop advisory, co-ordinating and educational functions.

Many other groups concerned with one or another aspect of social policy are taking an interest in the problems of aging. Their activities have embraced research, conferences, consultative assistance and direct service and their journals have been important in publishing articles in this field. These groups include, in the welfare field the Canadian Association of Social Workers and its local Branches and also the Canadian Conference on Social Work. Problems of living accommodation have been studied and publicized by the Community Planning Association and the Vancouver Housing Association.

The Canadian Association for Adult Education has furthered public interest through articles on aging in its journal, "Food for Thought". At the University of British Columbia, old age pensioners have been admitted to night classes free of charge. The Extension Department, University of Toronto, has centered attention upon problems of retirement, and has organized lecture series for older people.

These two universities were largely responsible for the first two major conferences on aging in Canada. The B.C. Conference, held in May, 1957, was sponsored by the Community Chest and Council of Greater Vancouver and the University of British Columbia. The Ontario Conference, some two weeks later, was under the aegis of the Extension Department, University of Toronto.

Organizations such as the Canadian Public Health and Mental Health Associations, the Health League of Canada, the Victorian Order of Nurses, the Red Cross, the Canadian Nurses and the Canadian Hospital Associations have been concerned with the health needs of the elderly and their implications for the development of health and medical services.

Business groups, the Canadian Manufacturers' Association, for example, and the labour unions have been considering employment opportunities and pension planning and retirement. The Toronto Y.M.C.A. has sponsored a lecture and discussion series on retirement to which several interested firms have sent staff members as observers. The Association of Professional Engineers of Ontario has formed a Gerontological Committee to study the problems of older and retired engineers and to provide services to them.

Elderly people, themselves, are forming associations. The Old Age Pensioners Association of Canada has been formed to bring together the various local and regional Pensioners' Associations and to focus attention on their economic needs. A different type of organization is the Retired Teachers Association formed in British Columbia to promote the welfare and health of retired members of the teaching profession in that Province.

The National Film Board has produced two films on aging: Date of Birth, portraying the effects of age discrimination on older workers seeking employment, produced for the Department of Labour; and Elder Citizen, describing a housing project in British Columbia, prepared for the Canadian Broadcasting Corporation, Television network. Another television film is now being completed. The C.B.C. radio network has broadcast talks and documentaries on such programs as Trans-Canada Matinee and Cross-Section.

Recreational and Social Activities

In the development of local community services for the elderly, emphasis was first placed on opportunities for recreational and social activities. Clubs for senior citizens sprang up in large and small centres across the country; in the Province of Ontario there were well over 100 at last report.

The majority of the clubs in Canada are of the type that meet periodically, once a week or once a fortnight, but there are a number of centres which are open almost every day, such as the Second Mile Club in Toronto, the Senior Club in Hamilton, and the Good Companion Fellowship Centre in Ottawa. Activities range from the games and singsongs of small groups to extensive programs of handicrafts, lectures, concerts, discussion groups and home visiting, of the more developed associations. The men of the Community Friendship Club of Ottawa meet one morning a week to make educational toys.

The National Council of Jewish Women and the Soroptomist Clubs have taken a leading role in the development of these activities in a number of cities. In some places such as Winnipeg, Edmonton and Hamilton, municipal recreation authorities or community associations have sponsored clubs. In St. John's, Newfoundland the local Welfare Council has organized a club and in Halifax a community committee is working towards the formation of one. Neighbourhood houses and settlements such as Gordon Neighbourhood House in Vancouver and St. Christopher House in Toronto have also developed recreational programs for the elderly. Another type of program which has had great success is the summer holiday centre, Illahee Lodge, operated by the Neighbourhood Workers' Association of Toronto. The Ontario Division of the Canadian Red Cross offers a number of recreational services including drives, movie tickets, and entertainment in homes for the aged. Other sponsoring groups include churches, trade unions (the U.A.W. in Windsor), local women's clubs, and service clubs. Some firms such as the T. Eaton Company and the Bell Telephone Company have sponsored clubs for retired employees and also make company recreational facilities available to them, an arrangement designed to provide some continuity in the lives of employees following their retirement. The Old Age Pensioners Associations, at least in the Western provinces, include recreational and social activities at their branch meetings.

The Community Programs Branch of the Ontario Department of Education offers a consultative and informational service to assist and encourage the development of programs for senior citizens. The Branch has published a series of bulletins on the formation, organization and activities of local clubs and distributes a periodic newsletter on the activities of centres in the Province.

In Metropolitan Toronto, a Senior Citizens League has been formed which is made up of representatives of the more than thirty clubs for elderly people in that area. A similar organization is being planned in Ottawa. At a conference of delegates from clubs in western and central Ontario in September, 1956, first steps were taken towards the establishment of a provincial association of senior citizens clubs.

Family Services

Counselling and other family services for older people are provided chiefly by the voluntary family agencies or as part of the general assistance programs of some public welfare departments. In British Columbia and Saskatchewan, for example these services are available to old people receiving public assistance, particularly those facing difficulties of some urgency.

The problem of how most effectively to serve the older age group is a matter of growing concern to the family agencies. Some are developing special staff for the purpose. The Family Service Bureau in Hamilton has appointed a counsellor to work full time with older clients. The Jewish Family and Child Service of Toronto has a special worker and a staff study committee to develop a more intensive service for the elderly. The Family Welfare Association of Montreal has set up an Elderly Persons Department and appointed a board-staff committee on the care of the aged.

Some family agencies are operating other types of services. The Family Welfare Association, Montreal, operates a residential home, Belvedere, for ambulatory persons; the Jewish Family and Child Services in Toronto and Winnipeg have foster home programs; and a number of agencies are extending their homemaking services to old people. Mention has already been made of the holiday centre operated by the Toronto Neighbourhood Workers' Association.

As a result of a social survey conducted by the Welfare Council in Winnipeg, a special agency, the Age and Opportunity Bureau has been established, with counselling as one of its functions.

Home Help Services

Services to older people living in their own homes have been developed only to a limited extent and chiefly through the extension of the services provided to families by visiting homemakers associations.

In British Columbia, however, housekeeping services are provided to needy older people, among others, as an alternative to boarding home or other care under the provincial-municipal social assistance program. In Kelowna and Vernon, British Columbia, a housekeeper service is operated in conjunction with the visiting nurse service.

In Hamilton, Ontario, a homemakers' service for the elderly was inaugurated in 1955; it is financed through the Community Chest and administered by the Visiting Homemakers' Association, in cooperation with the Family Service Bureau. In Toronto, the Visiting Homemakers' Association is establishing a three year pilot project to assess the need for a permanent homemakers' program for the elderly. The Regina Welfare Bureau has supplied supervised housekeeper services to a small group of elderly invalids. The Winnipeg Family Bureau has a homemaker service to assist families in emergency periods of relatively short duration, but it has been able to extend this to some chronically ill aged persons awaiting admission to a hospital or nursing home. The Ottawa Visiting Homemakers' Association provides home aid for a limited number of older people on a short-term emergency basis.

Friendly visiting to older people in their own homes is provided by various groups, such as branches of the Ontario Division of the Canadian Red Cross, the Home Welfare Association of Winnipeg, service clubs and churches. A voluntary visiting committee of the Family Service Bureau in Hamilton is under the supervision of the Bureau's Old Age Counsellor; the visitors, among whom are members of the Senior's Club, do small services for the clients.

A linen-lending and laundry service for older people was established by the Soroptimist Club of the Humber-Credit Valleys. For a nominal monthly sum the club provided linen as required and arranged with a commercial laundry to pick up and deliver it every two weeks.

6. HEALTH AND MEDICAL CARE

Security against the cost of illness in the later years is among the major problems faced by older people, who, more than other groups, are likely to suffer serious and possibly prolonged illness.

Older people may benefit, along with others, from a variety of public and voluntary services designed to meet some of the costs of illness. These include certain pre-paid medical and hospital programs, public mental health services, visiting nursing services and treatment services to meet certain specific disease conditions. Also, some provincial governments provide special programs of hospital or medical care for recipients of public assistance.

Pre-Paid Hospital and Medical Care^{1/}

Pre-paid public hospital care programs are in operation in British Columbia, Alberta, Saskatchewan and also in Newfoundland, where the provincial Cottage Hospital Plan provides both hospital and medical services to residents of the cottage hospital regions. Almost all residents of British Columbia and Saskatchewan are compulsorily covered for complete in-patient standard ward hospital care under the British Columbia Hospital Insurance Service, which is financed almost entirely from provincial general revenues including the sales tax, with a direct charge of one dollar for each day in hospital, and the Saskatchewan Hospital Services Plan, which is financed about equally from personal premiums and general revenues. About three-quarters of Alberta's population are covered for standard ward room and board at a direct charge of one dollar per day, and about half for auxiliary services at another one dollar per day under the Municipal Hospital Plan, which is financed almost equally from provincial and municipal revenues. This covers municipal ratepayers automatically, and non-ratepayers voluntarily, on payment of a small family premium. None of these plans deny coverage to residents because of age, income, employment or health status. Certain medical services are available, also, to the general population in those municipalities in Manitoba and Saskatchewan where municipal doctor plans have been established. In the Saskatchewan Health Region No.1 (Swift Current) comprehensive medical services are provided under a pre-paid medical care program.

^{1/} For details see Selected Public Hospital and Medical Plans in Canada, Research and Statistics Division, Department of National Health and Welfare, Social Security Series No. 15, 1955.

A measure of protection for the older age group is afforded also by voluntary medical and hospital insurance plans although, under many of these, restrictive clauses have adversely affected the eligibility and the duration of benefits for older people.

In 1956, the federal Government proposed a formula under which it would share with the provinces the costs of provincial programs providing to in-patients, standard ward hospital care, including care in clinic and convalescent hospitals, laboratory and X-ray diagnostic services and other auxiliary services. The Act came into force May 1, 1957, and six provinces have indicated their willingness to participate under the program, namely, British Columbia, Alberta, Saskatchewan, Ontario, Newfoundland and Prince Edward Island.

Hospital and Health Services for Older People

In five provinces older people receiving specific types of public assistance may benefit from programs of health care administered and largely financed by the provincial governments. In other provinces some hospital and medical care may be granted through municipalities of residence.

In British Columbia, Alberta and Saskatchewan both hospital care and a comprehensive range of medical services are provided. Hospital care in Alberta is available through a special program operated for this purpose while in British Columbia and Saskatchewan it is granted as part of the provincial hospital schemes mentioned above. Medical services in these three provinces include medical and surgical services, if necessary from specialists, in the home, office or hospital and also dental, optical and certain other services. Except in Alberta a wide range of prescribed drugs may also be provided. These hospital and medical services are available to needy Old Age Security pensioners, Old Age Assistance recipients, and their dependents, except in Saskatchewan where medical care for Old Age Assistance recipients is the responsibility of the municipalities. The programs also cover recipients of other types of categorical assistance, such as federal-provincial Blind Persons' Allowances and, except in Alberta, Disabled Persons' Allowances. In British Columbia recipients of social allowances (i.e. local relief) and their dependents are also eligible. In Saskatchewan this group receive hospital and medical care from municipalities of residence. In Alberta hospital and medical care for local relief recipients and also for those receiving Disabled Persons' Allowances are provided by the municipalities, with the provincial government meeting 60 per cent of the cost.

In Newfoundland older people receiving public assistance or relief and living in areas covered by the provincial Cottage Hospital Plan may be exempted from payment of the premiums required under the plan if payment imposes undue hardship. Those living in the City of St. John's, and others not under the Cottage Hospital Plan, who are unable to pay for health services may be certified as eligible for free provincial medical treatment or hospitalization.

The Province of Ontario has organized a program of medical care for public assistance recipients including certain needy Old Age Security pensioners, those receiving aid under Old Age Assistance, Blind Persons Allowances, and Disabled Persons Allowances. Local relief recipients and their dependents are also covered. The services provided are necessary home and office calls and emergency medication, diagnostic procedures, and specified minor surgery in the home or office. Emergency laboratory procedures, emergency dental care, specialist's consultation and, possibly, subsequent specialist care may also be provided. Payment is also made for medical services in homes for the aged, nursing homes and certain authorized private hospitals to the extent that the services so provided are similar to those performed in the patient's home.

Medical and hospital services for needy older people who are not covered by the special provincial programs or who reside in provinces where no formal provincial programs have yet been established are generally provided on a discretionary basis by municipalities of residence or if the patient lives in unorganized territory, by provincial governments.^{1/} Each provincial government shares in the costs of hospital care for the indigent through grants to hospitals on behalf of indigent patients only or on behalf of all patients. In Manitoba amounts paid by the municipalities for the medical, optical or dental care of indigent older persons may be recovered in part from provincial social assistance grants. Free medical care for the indigent in Quebec is available from a variety of dispensaries, clinics, hospitals and charitable agencies; in communities without such facilities medical care is provided at the discretion of the local municipality.

^{1/} The province of Nova Scotia operates a program providing certain medical services to recipients of Blind Persons Allowances and Mothers' Allowances. However, needy Old Age Security pensioners and Old Age Assistance recipients are not covered but may receive necessary medical care on a local discretionary basis.

Care of the Senile. Special accommodation for senile patients has been developed in British Columbia, Alberta and Ontario. In British Columbia, they are cared for in three homes for the aged which are administered in conjunction with the Provincial Mental Hospital at Essondale by the Provincial Mental Health Service. In Alberta, the Rosehaven Home for the Aged was established specifically for seniles and is operated by the provincial Department of Health. Under the Ontario Homes for the Aged Act the municipality of Metropolitan Toronto has constructed a home at Newmarket for the care of senile older people. The Ontario Government is reported to be planning the construction of a hospital at Brampton for mentally dependent older people and for those discharged from mental hospitals who have no home to go to.

Preventive and Diagnostic Services

Preventive health services and provisions for the early diagnosis of illness can be of great importance in the maintenance of health in the later years. While some services are available, special programs have been slow to develop. A Geriatric Clinic which examines persons over fifty years of age and advises them of their physical condition has been operated by the Health Department of Scarborough Township, Ontario, since 1953. A complete diagnostic service is provided in co-operation with several hospitals and patients in need of medical care are referred to doctors of their choice. It has been the Clinic's experience that through early diagnosis and treatment some patients are able to continue working or their condition may be improved to the extent that self-care, rather than bed-care, is possible. This program is receiving support from the Department of National Health and Welfare under the National Health Program. In Ottawa, a preventive program is being developed by the City Public Health Department through the extension of public health nursing visits to older persons. The nurses render health guidance and make necessary referrals.

Care of the Chronically Ill

With the exception of the geriatric services in veterans' hospitals and in some institutions for the elderly, the older patient is largely dependent upon the facilities available for the chronically ill of all age groups. Special chronic and convalescent hospitals or special units attached to general hospitals have been developed in various provinces for patients suffering from long-term illness. Through the Hospital Construction Grant of the National Health Program, the Department of National Health and Welfare makes grants of

\$1,500 per bed on a matching basis with the provincial governments to help meet the costs of building chronic and convalescent hospitals. In addition to matching the federal grant, some provinces, notably Ontario and British Columbia, may also provide additional financial assistance for this purpose. Patients not requiring general or chronic hospital care may be accommodated in private or public nursing homes, in provincial infirmaries, or in homes for the aged and infirm. (See Chapter 3 of this Memorandum).

Consideration is being given by public and voluntary bodies to methods of co-ordinating the use of the various institutional facilities for the care of chronically ill and elderly persons. Under the provincial Hospital Clearance Program in British Columbia, patients no longer requiring acute care may be discharged from general hospitals to chronic hospitals, nursing homes, homes for the aged, boarding homes, or to their own homes according to their requirements.

In Ottawa an Information and Service Bureau has been established in connection with the Chronic Illness and Geriatrics Study of the City Department of Health. The Bureau is providing casework services and other special aid where necessary to long-term patients and older patients generally, who need special care or a service that is not otherwise available to them. It serves patients and their families where there are inter-related health and social problems and works closely with hospitals, institutions for the aged, the patients' physicians, city health nurses and welfare agencies.

Nursing and Medical Care in the Home

Nursing services in the home are provided by voluntary agencies or public authorities. The Victorian Order of Nurses, the largest voluntary agency of this kind, has paid considerable attention to the problems of geriatric nursing and has undertaken a staff training scheme in rehabilitative nursing procedures in the home setting.

Some local public health authorities provide home nursing care, especially in the smaller centres and rural areas where voluntary services are not available. It was the needs of elderly patients that led to the introduction of this type of service in Saanich, British Columbia. A similar program has been operated in Kelowna, British Columbia, for a number of years and the possibility of developing this form of care has been studied in several other places. Interesting experimental projects are going forward in at least two areas in Ontario, Northumberland-Durham and Lennox-Addington

counties, where bedside nursing is incorporated in the generalized public health program.^{1/} While these various services are not for any one age group, their value to the elderly has been amply demonstrated.

Interest has been developing in medical home-care programs as a means of easing the pressures of the elderly and chronically ill upon active treatment beds and, at the same time, of providing the advantages of treatment and care in the home setting to patients selected on the basis of physical condition, home situation and other factors. The Herbert Reddy Memorial Hospital, Montreal, operates a plan of this type. Selected patients suffering from chronic or long-term illness may be transferred to their own homes where they continue to receive specialized attention from the hospital, including visiting intern, medical social service and the services of the physiotherapy, pathology, radio therapy and other departments, as well as a visiting nurse service. Patients and their families have the assurance of prompt readmission to hospital should it become necessary and the security of knowing that medical services are available at any time. At Vernon, British Columbia, the public health authorities administer a Convalescent Home Care Service which provides nursing and housekeeping services to selected hospital patients discharged to their own homes during early convalescence. Plans have been made in Toronto for the development of a medical home care program by the City Public Health Department. In Ottawa, the City Health Department is studying the possibility of developing facilities for non-institutional care.

Rehabilitation Services

The provision of public and voluntary rehabilitation services has increased significantly during the past five years and, while not usually directed specifically towards the older disabled, is of potential importance to them. In 1953, as part of the National Health Program, the federal Government introduced a program of grants to aid in the development of medical rehabilitation facilities. This program, which is administered by the Department of National Health and Welfare, made available to provincial departments of health a total of one million dollars annually for approved projects.

^{1/} Both areas are part of a study project supported by a grant under the National Health Program. The purpose is to provide an opportunity to study the integration of nursing care with the public health program and to obtain statistics relating to such a development.

In 1951, the federal Government established a National Advisory Committee on Rehabilitation to advise on matters related to the rehabilitation of handicapped civilians and, in 1952, appointed a National Co-ordinator of Rehabilitation within the Department of Labour. Through this Department also, the federal Government makes an annual matching grant of \$15,000 to each province appointing a provincial Rehabilitation Co-ordinator and staff.

A service for the assessment, treatment and rehabilitation of older veterans has been established by the Department of Veterans' Affairs. Its purpose is to return the veteran to active community life wherever possible. This service is provided in most of the Department's active treatment hospitals and covers veterans applying for War Veterans' Allowances or for domiciliary care in departmental institutions and also to those disabled or elderly patients already admitted to domiciliary care. The assessment and rehabilitation team is composed usually of a medical director, psychologist, medical social worker and welfare officer, together with other specialists as required. The team utilizes the facilities and services of the Department for physiotherapy, occupational therapy and recreation. It draws also upon civilian services in planning each patient's program.

Certain national voluntary health organizations, such as the Canadian National Institute for the Blind and the Canadian Arthritis and Rheumatism Society, offer treatment and rehabilitation services which benefit a good many persons in middle and later life. The registered blind aged 65 and over, who are reported to comprise nearly one-half of all registered C.N.I.B. cases, benefit through the home-teaching, residential care or recreation programs of the Institute. The Canadian Arthritis and Rheumatism Society provides treatment and rehabilitation services to the homebound through mobile physiotherapy units along with other specialized services.

7. RESEARCH

Effective planning for the aged is dependent upon basic information about the aging process, the needs and potentials of the elderly, and the social and economic factors which must be taken into consideration in the development of services. During the past decade a small but significant contribution to gerontological research has been made in Canada. Social and economic studies have been initiated by government departments and by community planning groups. Medical and related studies, embracing a variety of techniques and fields of enquiry, including social factors in aging, have been going forward in universities, hospitals and government departments. In at least two universities, McGill and Montreal, laboratories have been established for the study of aging.

The Government of Canada has been supporting gerontological research through National Health Grants from the Department of National Health and Welfare and through medical research grants from the National Research Council and the Department of Veterans' Affairs. The latter has also developed on-going geriatric research in several of its veterans' hospitals.

Social Studies

Studies to assess the needs of the elderly or the adequacy of existing welfare and health services have been undertaken in a number of communities. In 1953, the Division of Aging of the Welfare Council of Toronto made an inventory of facilities for the elderly in that City and, at the present time, is revising and expanding the study to include the whole metropolitan area. The Ottawa Welfare Council has recently completed a similar study of resources.^{1/} In 1955, a sample survey was undertaken by the Welfare Council of Greater Winnipeg to obtain information on the income, employment, living arrangements, health, and activities of Winnipeg's older citizens.^{2/} Following an exploratory study of the local situation, the Edmonton Council of Community Services in 1956 initiated a survey of the elderly in that City.

^{1/} Services for Ottawa's Senior Citizens. Welfare Council of Ottawa, Planning Committee for the Aging, 1956.

^{2/} Age and Opportunity. A report on our Older Citizens by the Committee on Services for the Aged. The Welfare Council of Greater Winnipeg, 1956.

A different type of study was undertaken of the needs of older and chronically ill persons in Ottawa through the Ottawa City Council. Conducted in 1955, with the aid of a federal health grant, this study analysed data on elderly chronically ill persons in general and chronic hospitals, in homes for the aged, and also those receiving home nursing services, and those on public assistance. Following the adoption of this Report with its recommendations for civic action^{1/}, a chronic illness and geriatric project was undertaken by the City Department of Health also with the support of a federal health grant. The study and the service project with which it is associated^{2/} are of three years' duration commencing in 1956, and are designed to assess the need for non-institutional care for the chronically ill, to promote new services in general public health directed to the needs of older people and to pave the way for more comprehensive home care and preventive health services.

Concern with standards of care in nursing homes and other institutions is reflected in several local studies. With the assistance of a federal Public Health Research Grant, the Department of Health of Toronto is doing a study of the role of a local health department in the supervision of nursing homes, homes for the aged, and children's boarding homes. A survey of conditions in nursing home institutions for the aged and infirm was made in 1955 by the City Department of Health in Winnipeg.^{3/} The Health Section of the Montreal Council of Social Agencies has made a survey of commercial nursing homes in Montreal and vicinity.^{4/}

Central Mortgage and Housing Corporation has, among other studies, done an investigation of the housing needs of older people in Montreal.^{5/} The Department of Labour has carried out studies on the characteristics of pension plans

^{1/} Study of the Needs of Older and Chronically Ill Persons in the City of Ottawa by Marjorie Bradford, Ottawa City Council, 1955.

^{2/} See p. 35 above.

^{3/} A Survey of Existing Conditions in Winnipeg Nursing Home Institutions for the Aged and Infirm, 1955. Winnipeg, City Health Department.

^{4/} Commercial Nursing Homes Study. Montreal Council of Social Agencies, Health Section, 1954.

^{5/} "Living Arrangements for Older People." Jean Cameron, in Canadian Welfare, May 1, 1955.

in Canada and on unemployment among older workers.^{1/} Surveys of trustee pension plans have been made by the Dominion Bureau of Statistics.^{2/} As noted above, the Interdepartmental Committee on Older Workers, representative of several departments, has initiated studies concerned with obstacles to employment including an analysis of the effect of pension plans on the employment and retention of older workers.

The Research and Statistics Division of the Department of National Health and Welfare prepared a number of monographs on old age security programs in other countries for the Joint Parliamentary Committee on Old Age Security in 1950.^{3/} More recently the Division has carried out, or participated in, various studies such as health and welfare expenditures and The Canadian Sickness Survey which analyzed certain sickness and disability data for different age groups.^{4/}

Geriatric Studies

Experimental laboratory studies of the aging process have been carried on at the University of Montreal. These have included investigations into the role of the general adaptation syndrome in the processes of aging.^{5/} The Gerontological Unit of the Department of Psychiatry, McGill

^{1/} See for example, Industrial Pension Plans in Canada. Four Studies. Ottawa, Department of Labour, Economics and Research Branch, 1955; "Unemployment Among Older Workers", Labour Gazette, November, 1949.

^{2/} Survey of Canadian Trustee Pension Funds, 1953. Dominion Bureau of Statistics, Research and Development Division, Ottawa, Queen's Printer, 1955.

^{3/} For summaries of the monographs see the Report of the Joint Committee of the Senate and the House of Commons on Old Age Security, Ottawa, Queen's Printer, 1950.

^{4/} e.g., Government Expenditures and Related Data on Health and Social Welfare, 1947 to 1953, Research and Statistics Division, Department of National Health and Welfare, 1955. The Canadian Sickness Survey, 1950-51. Prepared jointly by the Department of National Health and Welfare and the Dominion Bureau of Statistics. See Special Compilations Nos. 5-9.

^{5/} "Stress and Disease". Hans Selye. Geriatrics, June, 1953. Further references to studies at the University of Montreal are contained in a bibliography to this article.

University, has conducted research into certain biochemical and physiological aspects of aging in addition to investigations into the psychiatric problems of the elderly maladjusted person living in the community.^{1/} Currently the Unit is engaged in studies of the personal and social factors in adjusting to retirement and of the effect of senescence on resistance to stress.

A number of geriatric studies have received national health grant support. These include projects at the Gerontological Unit, McGill University; an investigation at the University of Montreal into the influence of old age upon the stability of homeostasis; and two studies at the University of Western Ontario, one dealing with the nutritional requirements of elderly persons and the other with comparative backgrounds of normal and mentally ill older persons and the environmental factors leading to mental illness in later life.

Geriatric research undertaken or supported by the Department of Veterans' Affairs has been concerned with the employability of the elderly and with the psychological processes of aging. At Queen Mary's Hospital in Montreal, the Department is making an investigation into the psycho-social factors in the employability of older veterans and, also, a study to establish test criteria for the assessment of physiological status. The Department is also conducting at the veterans' Sunnybrook Hospital, Toronto, a long-term study of aging employees to assess the pathological changes, social, psychological and economic, as well as medical, which accompany aging, to establish a clinical method of assessing aging workers, and to develop criteria for employment beyond fixed retirement ages.^{2/} Studies dealing with aging factors in a composite group between 55 and 60 years of age and of the food consumption of elderly male hospital patients are being done respectively at Deer Lodge Hospital, Winnipeg and Westminster Hospital, London.

^{1/} "Observations in an Old Age Counselling Centre (Preliminary Report on the First 100 Clients.)" Karl Stern. Journal of Gerontology, January, 1948. Reports by Dr. Stern and associates on work at the Gerontological Unit are also published in American Journal of Orthopsychiatry, January, 1948; Problems of Aging, Nathan W. Shock (ed.), Josiah Macy Jr. Foundation, New York, 1950; Journal of Psychiatry, October, 1951; Journal of Gerontology, July, 1953.

^{2/} "Employees' Health Study; First Progress Report." Koyl et al, Canadian Services Medical Journal, April, 1956.

The psychological studies supported by the Department of Veterans' Affairs are being made at the University of Manitoba, McGill University, and Queen's University. They deal, respectively, with intellectual and sensory processes in the aged, the pattern of mental change with advancing age, and the role of the 'experience factor' in the abilities of older people.

An investigation of post-operative physiological responses of elderly patients by the University of Montreal has received grants from the National Research Council, which is also supporting other studies having to do with the aging process.

Research into the various diseases associated with aging, such as arteriosclerosis, heart disease, and cancer, as well as bio-chemical and physiological research is being done in medical schools, hospitals and research laboratories, frequently with provincial support and with federal support under the National Health Program or from the Department of Veterans' Affairs or the National Research Council. A number of other agencies support research in these fields, among them the National Cancer Institute of Canada, the Canadian Life Insurance Officers' Association, the Life Insurance Medical Research fund (U.S.A.) and the Atkinson Charitable Foundation.^{1/}

The growing interest in geriatric research was illustrated by the incorporation, in 1955, of the Ontario Geriatric Research Society to promote and carry out research into the causes and prevention of the problems and diseases of aging.

^{1/} For a review of medical research in Canada related to aging see "Progress of Geriatrics and Gerontology in Canada", W. Stanley Hartroft, Journal of Gerontology, October, 1953.

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